



AF/2700

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2624, Expedited Procedure

Docket No. 01807.001250.

In re Application of:

PATRICE ONNO ET AL.

Appln. No.: 09/550,319

Filed: April 14, 2000

For: DEVICE AND METHOD FOR TRANSFORMING

**DIGITAL SIGNAL** 

Examiner: Anh Hong Do

Group Art Unit: 2624

Date: January 8, 2004

Mail Stop AF

**COMMISSIONER FOR PATENTS** 

P.O. Box 1450

Alexandria, VA 22313-1450

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JAN 1 5 2004

**Technology Center 2600** 

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

	· · · · · · · · · · · · · · · · · · ·		CLAIMS AS AM	ENDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	** 20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 2	MINUS	***	0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	°Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$110.00 to cover the Extension fee for response with a one-month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.
	$\checkmark$ $\sim$ $\sim$ $\sim$ $\sim$

Attorney for Applicants

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